

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064087

FILED
Apr 30, 2007
Secretary of State

Entity Name: OBAP, LLC

Current Principal Place of Business:

P.O. BOX 683196
ORLANDO, FL 32868

New Principal Place of Business:

5764 N. ORANGE BLOSSOM TRAIL
SUITE 167
ORLANDO, FL 32810

Current Mailing Address:

P.O. BOX 683196
ORLANDO, FL 32868

New Mailing Address:

5764 N. ORANGE BLOSSOM TRAIL
SUITE 167
ORLANDO, FL 32810

FEI Number: 20-5108643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMUELS, TRACY
Address: P.O. BOX 683196
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAMUELS, TRACY
Address: 5764 N. ORANGE BLOSSOM TRAIL, STE. 167
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TRACY SAMUELS

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date